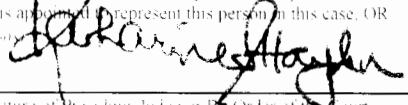


CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 12/05)

1. CIR./DIST. DIV. CODE Newark	2. PERSON REPRESENTED Terrence Oliver			VOUCHER NUMBER	
3. MAG. DKT. DEF. NUMBER		4. DIST. DKT. DEF. NUMBER 03-844-21	5. APPEAL'S DKT. DEF. NUMBER	6. OTHER DKT. NUMBER	
7. IN CASE MATTER OF (Case Name) US v Dillard, et al.		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions)	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list up to five major offenses charged, according to severity of offense. Violation of supervised release (12.3.4.5)					
12. ATTORNEY'S NAME (First Name / M.I. / Last Name, including any suffix), AND MAILING ADDRESS Linwood A. Jones, Esq.		13. COURT ORDER <input type="checkbox"/> Appointing Counsel <input type="checkbox"/> Co-Counsel <input type="checkbox"/> Subs For Federal Defender <input type="checkbox"/> Subs For Retained Attorney <input type="checkbox"/> Subs For Panel Attorney <input type="checkbox"/> Standby Counsel Prior Attorney's _____ Lisa Mack, APFD Appointment Dates _____			
Telephone Number _____ 201-755-8540					
14. NAME AND MAILING ADDRESS OF LAW FIRM (which provide for instructions): 55 Washington St. Suite 602 East Orange, NJ 07017		15. Date of Order _____ 10/1/12 Date Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time appointment <input type="checkbox"/> YES <input type="checkbox"/> NO  Signature of Presiding Judge or By Order of the Court			
CLAIM FOR SERVICES AND EXPENSES				FOR COURT USE ONLY	
CATEGORIES (attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH TECH ADJUSTED HOURS	MATH TECH ADJUSTED AMOUNT
In Court	15. a. Arraignment and/or Plea				
	b. Bail and Detention Hearings				
	c. Motion Hearings				
	d. Trial				
	e. Sentencing Hearings				
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other (Specify on additional sheets)				
	(RATE PER HOUR = \$)	TOTALS:			
Out of Court	16. a. Interviews and Conferences				
	b. Obtaining and reviewing records				
	c. Legal research and brief writing				
	d. Travel time				
	e. Investigative and other work (Specify on additional sheets)				
	(RATE PER HOUR = \$)	TOTALS:			
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):					
19. CERTIFICATION OF ATTORNEY PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____			<input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____		
APPROVED FOR PAYMENT — COURT USE ONLY					
23. IN COURT COMP	24. OUT OF COURT COMP	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR. CERT.	
28. SIGNATURE OF THE PRESIDING JUDGE			DATE	28a. JUDGE CODE	
29. IN COURT COMP	30. OUT OF COURT COMP	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS, OR DELEGATE (Payment approved if in excess of the statutory threshold amount)			DATE	34a. JUDGE CODE	